



# ESSEX

## Vacation Camp 2018/2019

### Registration Form

**Office Use Only**

Deposit Paid  
 Packet Sent  
 Billing Screen Created

**Essex Location**

Parent/ Guardian Name: (Last) \_\_\_\_\_

(First) \_\_\_\_\_

Address/ City / Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_ (phone number) \_\_\_\_\_

	Child 1	Child 2	Child 3
Name			
Age/DOB			
Allergies/ Special Needs			
Medications			
Swim Ability			
Membership Status	<input type="checkbox"/> Edge Member Member # _____	<input type="checkbox"/> Edge Member Member # _____	<input type="checkbox"/> Edge Member Member # _____

Dates	Please Select Days	Weekly Total
October 18 <sup>th</sup> -19 <sup>th</sup>	Th ___ F ___	\$
November 19 <sup>th</sup> -21 <sup>st</sup>	M___ T___ W___	\$
February 25 <sup>th</sup> - March 1 <sup>st</sup>	M___ T___ W___ Th ___ F___	\$
March 4 <sup>th</sup> and 5 <sup>th</sup>	M___ T___	\$
April 22 <sup>nd</sup> -26 <sup>th</sup>	M___ T___ W___ Th ___ F___	\$
		\$
March 22 <sup>nd</sup>	___ F	\$

**PAYMENT INFORMATION:** All deposits and payments are non-refundable.

**Total:**

Does your child qualify for state subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_ Amount per week \$ \_\_\_\_\_

**Due Now: \$50 Deposit per child**

\_\_\_\_\_ Check: Please make checks payable to **Camp Edge**

\_\_\_\_\_ MC / Visa / Discover Card# \_\_\_\_\_ Exp. \_\_\_\_\_ CVC # \_\_\_\_\_

Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_ minus \$50 deposit = **Balance Due:**

\_\_\_\_\_

**Vacation Camp Tuition (full day):**

Edge Member	\$248	Non-Member	\$260	Daily Rate	\$65
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**Permission Form**

I give permission for my child to participate in all the Edge on and off site activities during the camp. I agree that in case of an accident involving my child while attending this camp, I release the Edge employees and volunteers from any and all liability caused by claims from injury or damage my child may have sustained from use of premises or equipment while participating in any camp activity or field trip.

\_\_\_\_\_ (Full Signature)

I give permission for camp staff to administer bug spray and suntan lotion to my child during camp. I also give permission for camp staff to document campers through photographs of campers participating in sports, crafts, field trips and camp life. \_\_\_\_\_ (Full Signature)

The Edge has adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp: (1) the camp will call home. If there is no answer (2) the camp will call the mother's, father's or guardian's place of employment. If there is no answer, (3) the camp will call the other phone numbers listed and the physician. If none of the above answer, the camp will call an ambulance, if necessary, to transport the child to a local medical facility. (4) Based on the medical judgment of the attending physician, the child may be admitted to a medical facility. (5) The camp will continue to call the parent or guardian until one is reached. If the camp authorities follow the procedure, I agree to assume all expenses for moving and medically treating the camper. I also hereby consent to any treatment, which may be carried out based on the medical judgment of the attending physician. \_\_\_\_\_ (Full Signature)

In case of an emergency, I give permission to the appropriate personnel to properly transport my child to a medical facility for care. I understand that the Edge DOES NOT provide medical insurance and that I will be responsible for all medical expenses incurred. \_\_\_\_\_ (Full Signature)

I hereby allow Kids & Fitness/ The EDGE to photograph/videotape my child for the purpose of documentation and publication. \_\_\_\_\_ (Full Signature)

I understand that if my child needs adult assistance/aid during his/her school day then he/she may not attend camp without the same assistance. This assistance must be provided by the parent or school system; the Edge is not responsible for hiring or providing compensation for additional staff needed for an individual child. For questions or specific situations, please talk directly to the director.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

You are responsible for payment of the schedule you committed to on the Registration Form.

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CAMP EDGE 2018/2019  
VACATION CAMP HEALTH FORM**

Mother's Name

\_\_\_\_\_  
(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Place of Employment  
\_\_\_\_\_

Father's Name

\_\_\_\_\_  
(home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Place of Employment  
\_\_\_\_\_

If Parent/Guardian cannot be reached, call: **\*2 Required per State of Vermont\***

1. Contact \_\_\_\_\_ (phone) \_\_\_\_\_

2. Contact \_\_\_\_\_ (phone) \_\_\_\_\_

Physician's Name \_\_\_\_\_ (phone) \_\_\_\_\_

Hospital

Preference \_\_\_\_\_

Dentist's Name \_\_\_\_\_ (phone) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Does your child have any of the following? Circle Yes or No for each.

Allergies – Y or N

Asthma – Y or N

Cardiovascular Disease – Y or N

Past Surgery – Y or N

Diabetes – Y or N

Currently taking Medication – Y or N

High Blood Pressure – Y or N

Muscular Injury/Condition – Y or N

Skeletal Injury/Condition – Y or N

Is Child on an IEP – Y or N

Does Child have an aide – Y or N

Has an aide ever been suggested-Y  
or N

Special Dietary Requirements – Y or  
N

Special Needs – Y or N

Other - \_\_\_\_\_

**\*if inaccurate information is provided, your child's enrollment may be terminated\***

If you answered yes to any of the above, Please explain:

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Date of most recent tetanus immunization:

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Is there anything that would help us to know about your child?

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**PICK UP AUTHORIZATION**

Name \_\_\_\_\_

Name

Address \_\_\_\_\_

Address

Primary Phone \_\_\_\_\_

Primary Phone